Forms for Non-Individuals Filing for Bankruptcy

This packet contains forms for Non-Individuals who are filing for bankruptcy. Not all forms are required for all chapters. See EDC Form 2-035 (*Required Forms and Fees*) for more information regarding which forms are required for each chapter.

- Form 201: Voluntary Petition for Non-Individuals Filing for Bankruptcy
- Form 201A: Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11
- Form 204: Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders
- Form 206A/B (Schedule A/B): Assets Real and Personal Property
- Form 206D (Schedule D): Creditors Who Have Claims Secured by Property
- Form 206E/F (Schedule E/F): Creditors Who Have Unsecured Claims
- Form 206G (Schedule G): Executory Contracts and Unexpired Leases
- Form 206H (Schedule H): Codebtors
- Form 206Sum : Summary of Assets and Liabilities for Non-Individuals
- Form 202: Declaration Under Penalty of Perjury for Non-Individual Debtors
- Form 207: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
- Form 2030: Disclosure of Compensation of Attorney for Debtor
- Form EDC 3-500: Statement Regarding Ownership of Corporate Debtor/Party
- Form EDC 2-100: Verification of Master Address List

| Fill in this information to identify the | e case: | | | | | |
|--|----------------------------|--------------|------------------|---------------------------------------|--------------------------------------|-----------------------------------|
| United States Bankruptcy Court for the | | | | | | |
| District of | | | | | | |
| Case number (If known): | State) Chapter _ | | | | | eck if this is an ended filing |
| Official Form 201 Voluntary Petition | n for Non-In | dividu | als Fili | ng for Ban | kruptcy | 12/15 |
| If more space is needed, attach a sep number (if known). For more informa | parate sheet to this form. | On the top o | f any additiona | I pages, write the deb | tor's name and the c | |
| 1. Debtor's name | | | | | | |
| All other names debtor used in the last 8 years | | | | | | |
| Include any assumed names, trade names, and doing business as names | | | | | | |
| 3. Debtor's federal Employer Identification Number (EIN) | | | _ | | | |
| 4. Debtor's address | Principal place of busi | ness | | Mailing address, i of business | if different from princ | cipal place |
| | Number Street | | | Number Street | | |
| | | | | P.O. Box | | |
| | City | State | ZIP Code | City | State | ZIP Code |
| | | | | Location of princi principal place of | pal assets, if different business | nt from |
| | County | | | Number Street | | |
| | | | | City | State | ZIP Code |
| 5. Debtor's website (URL) | | | | | | |
| 6. Type of debtor | ☐ Corporation (including | - | oility Company (| LLC) and Limited Liabili | ty Partnership (LLP)) | |

Other. Specify:

| Del | | | | Case number (if know | vn) | | | |
|-----|--|---|---|--|--------------------------------------|--|--|--|
| | Name | | | | | | | |
| 7. | Describe debtor's business | A. Check | one: | | | | | |
| | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | | |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | | |
| | | Railroad (as defined in 11 U.S.C. § 101(44)) | | | | | | |
| | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | | |
| | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | | |
| | | | | | | | | |
| | | ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) | | | | | | |
| | | ☐ None of the above | | | | | | |
| | | B. Check | all that | apply: | | | | |
| | | ☐ Tax-e | xempt e | ntity (as described in 26 U.S.C. § 501) | | | | |
| | | | | ompany, including hedge fund or pooled investment | vehicle (as defined in 15 U.S.C. | | | |
| | | § 80a | -3) | | () | | | |
| | | ■ Invest | ment ac | dvisor (as defined in 15 U.S.C. § 80b-2(a)(11)) | | | | |
| | | | • | American Industry Classification System) 4-digit co | ode that best describes debtor. See | | | |
| | | http:// | www.na | <u>sics.com/search/</u> . | | | | |
| | | | | · | | | | |
| 8. | 8. Under which chapter of the Check one: Bankruptcy Code is the | | | | | | | |
| | debtor filing? | ☐ Chapt | er 7 | | | | | |
| | 3 | ☐ Chapt | er 9 | | | | | |
| | | ☐ Chapt | er 11. (| Check all that apply: | | | | |
| | | | - | Debtor's aggregate noncontingent liquidated del | ots (excluding debts owed to | | | |
| | | | | insiders or affiliates) are less than \$2,490,925 (a 4/01/16 and every 3 years after that). | mount subject to adjustment on | | | |
| | | | Ţ | The debtor is a small business debtor as defined | d in 11 U.S.C. § 101(51D). If the | | | |
| | | | • | debtor is a small business debtor, attach the mo | | | | |
| | | | | of operations, cash-flow statement, and federal i documents do not exist, follow the procedure in | | | | |
| | | | ☐ A plan is being filed with this petition. | | | | | |
| | | | Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | | | |
| | | | r | | | | | |
| | | | Ļ | The debtor is required to file periodic reports (for Securities and Exchange Commission according | r example, 10K and 10Q) with the | | | |
| | | | | Exchange Act of 1934. File the Attachment to Vo | | | | |
| | | | | for Bankruptcy under Chapter 11 (Official Form 2 | 201A) with this form. | | | |
| | | | Į. | ☐ The debtor is a shell company as defined in the 12b-2. | Securities Exchange Act of 1934 Rule | | | |
| | | ☐ Chapt | er 12 | | | | | |
| 9. | Were prior bankruptcy cases | ☐ No | | | | | | |
| | filed by or against the debtor within the last 8 years? | ☐ Yes | District | When | Case number | | | |
| | • | | Diotriot | MM / DD / YYYY | | | | |
| | If more than 2 cases, attach a separate list. | | District | When | Case number | | | |
| | | | | ואואו / טט / ۱۲۲۲ | | | | |
| 10. | Are any bankruptcy cases | ☐ No | | | | | | |
| | pending or being filed by a business partner or an | ☐ Yes. | Debtor | | Relationship | | | |
| | affiliate of the debtor? | | | | • | | | |
| | List all cases. If more than 1, | | | | MM / DD /YYYY | | | |
| | attach a separate list. | | Case nu | mber, if known | | | | |

| Der | DtorName | | _ Case number (if known) | | | | | |
|-----|---|---|--|---|--|--|--|--|
| | | | | | | | | |
| 11. | Why is the case filed in this district? | Check all that apply: | | | | | | |
| | uisaict: | Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. | | | | | | |
| | | ☐ A bankruptcy case concerni | ng debtor's affiliate, general partner, or p | partnership is pending in this district. | | | | |
| | | | | | | | | |
| | Does the debtor own or have possession of any real property or personal property that needs immediate | | property that needs immediate attention ty need immediate attention? (Check a | | | | | |
| | attention? | wity does the propert | y need ininediate attention? (Check a | ш татарру.) | | | | |
| | | , | · | tifiable hazard to public health or safety. | | | | |
| | | What is the hazard | ? | | | | | |
| | | ☐ It needs to be phys | ically secured or protected from the wea | ather. | | | | |
| | | | ole goods or assets that could quickly de ple, livestock, seasonal goods, meat, da ons). | | | | | |
| | | ☐ Other | | | | | | |
| | | | | | | | | |
| | | Where is the property | 2 | | | | | |
| | | imoro le ine proporty | Number Street | | | | | |
| | | | | | | | | |
| | | | City | State ZIP Code | | | | |
| | | Is the property insure | d? | | | | | |
| | | No | u . | | | | | |
| | | | cy | | | | | |
| | | Contact name | , | | | | | |
| | | Phone | | | | | | |
| | | Filolie | | | | | | |
| | | | | | | | | |
| | Statistical and adminis | trative information | | | | | | |
| 40 | Debtor's estimation of | Check one: | | | | | | |
| 13. | available funds | _ | istribution to unsecured creditors. | | | | | |
| | | | | le for distribution to unsecured creditors. | | | | |
| | | | | | | | | |
| 14. | Estimated number of | | 1,000-5,000 | 25,001-50,000 | | | | |
| | creditors | | □ 5,001-10,000 □ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 | | | | |
| | | 200-999 | 10,001-23,000 | Wildle than 100,000 | | | | |
| | | \$0-\$50,000 | □ \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | | |
| 15. | Estimated assets | | □ \$10,000,001-\$50 million | □ \$1,000,000,001-\$10 billion | | | | |
| | | \$100,001-\$500,000 | ☐ \$50,000,001-\$100 million | □ \$10,000,000,001-\$50 billion | | | | |
| | | □ \$500,001-\$1 million | \$100,000,001-\$500 million | ☐ More than \$50 billion | | | | |

| Debtor Case number (if known) | | | | |
|-----------------------------------|---|--|---|---|
| 16. Estimat | ed liabilities | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| R | Request for Relief, Dec | laration, and Signatures | | |
| WARNING - | | | ement in connection with a bankrupto 8 U.S.C. §§ 152, 1341, 1519, and 35 | |
| 17. Declara authoriz debtor | tion and signature of zed representative of | The debtor requests relie petition. | f in accordance with the chapter of titl | le 11, United States Code, specified in this |
| | | I have been authorized to | file this petition on behalf of the debt | or. |
| | | I have examined the infor correct. | mation in this petition and have a rea | sonable belief that the information is true and |
| | | I declare under penalty of per | jury that the foregoing is true and cor | rect. |
| | | Executed on MM / DD / Y | /// | |
| | | * | | |
| | | Signature of authorized repres | sentative of debtor Printed | name |
| | | Title | | |
| 18. Signatu | re of attorney | x | Date | |
| | | Signature of attorney for deb | tor | MM / DD / YYYY |
| | | Printed name | | |
| | | Firm name | | |
| | | Number Street | | |
| | | City | Sta | te ZIP Code |
| | | Contact phone | Em | ail address |
| | | Bar number | Sta | te |
| | | | | |

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11

| a. Total assets | \$ |
|--|------------------------------|
| b. Total debts (including debts listed in 2.c., below) | \$ |
| c. Debt securities held by more than 500 holders | Approxima number of holders: |
| secured unsecured subordinated secured unsecured subordinated subo | |
| d. Number of shares of preferred stock e. Number of shares common stock | |
| Comments, if any: | |
| 3. Brief description of debtor's business: | |
| | |

| Fill in this information to identify the case: |
|---|
| Debtor name |
| United States Bankruptcy Court for the: District of (State) |
| Case number (If known): |

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| | Name of creditor and complete mailing address, including zip code | Name, telephone number, and email address of creditor contact | Indicate if claim is contingent, unliquidated, or disputed | total claim amount and deduction for | | ecured, fill in or value of |
|---|---|---|--|--------------------------------------|---|--------------------------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

| Debtor Case number (if kno | wn) |
|----------------------------|-----|
|----------------------------|-----|

| Name of creditor and complete mailing address, including zip code | debts, bank loans, professional | claim is contingent, unliquidated, | Amount of unsecured claim If the claim is fully unsecured, fill in onl claim amount. If claim is partially secured total claim amount and deduction for viscollateral or setoff to calculate unsecured. | | n only unsecured ecured, fill in or value of ecured claim. |
|---|---------------------------------|--|--|--|---|
| | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

| Fill in this information to identify the case: | |
|---|--------------------------------------|
| Debtor name | |
| United States Bankruptcy Court for the: District of (State) | |
| Case number (If known): | ☐ Check if this is an amended filing |
| | 3 |

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

| Pa | art 1: Cash and cash equivalents | |
|----|--|------------------------------------|
| 1. | Does the debtor have any cash or cash equivalents? | |
| | No. Go to Part 2. | |
| | Yes. Fill in the information below. | |
| | All cash or cash equivalents owned or controlled by the debtor | Current value of debtor's interest |
| 2. | Cash on hand | \$ |
| 3. | Checking, savings, money market, or financial brokerage accounts (Identify all) | |
| | Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number | |
| | 3.1 | \$ |
| | 3.2 | \$ |
| 4. | Other cash equivalents (Identify all) | |
| | 4.1 | \$ |
| | 4.2 | \$ |
| 5. | Total of Part 1 | |
| 0. | Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. | \$ |
| | | |
| Pa | art 2: Deposits and prepayments | |
| 6. | Does the debtor have any deposits or prepayments? | |
| | No. Go to Part 3. | |
| | Yes. Fill in the information below. | |
| | | Current value of |
| 7. | Deposits, including security deposits and utility deposits | debtor's interest |
| | Description, including name of holder of deposit | |
| | 7.1 | \$ |
| | 7.2 | \$ \$ |
| | | - |

| Debtor | | Case | e number (if known) | |
|------------------------|--|---|--|------------------------------------|
| Name | | | | |
| | | | | |
| | | contracts, leases, insurance, taxes, a | and rent | |
| | name of holder of prepayment | | | |
| | | | | \$ |
| 8.2 | | | | \$ |
| 9. Total of Part 2. | | | | \$ |
| Add lines 7 through 8 | 8. Copy the total to line 81. | | | Ψ |
| | | | | |
| Part 3: Accounts | receivable | | | |
| 40. Door the debter b | ana amu aaaanuuta maaahuahla? | | | |
| | nave any accounts receivable? | | | |
| No. Go to Part | | | | |
| Yes. Fill in the i | information below. | | | |
| | | | | Current value of debtor's interest |
| 11. Accounts receival | ble | | | |
| | | | _ | |
| 11a. 90 days old or | less: | = doubtful or uncollectible accounts | = → | \$ |
| 11b. Over 90 days o | | | | ¢ |
| Tib. Over 90 days c | face amount | doubtful or uncollectible accounts | = | Ψ |
| | | | | |
| 12. Total of Part 3 | and day add the line do Compatho to | tal ta line 00 | | \$ |
| Current value on lir | nes 11a + 11b = line 12. Copy the to | otal to line 82. | | |
| Don't de la lace | | | | |
| Part 4: Investmen | | | | |
| 13. Does the debtor o | - | | | |
| No. Go to Part | | | | |
| Yes. Fill in the i | information below. | | | |
| | | | Valuation method used for current value | Current value of debtor's interest |
| 14 Mutual funds or n | ublicly traded stocks not include | d in Part 1 | | |
| Name of fund or stock: | | u III i ait i | | |
| | | | | \$ |
| | | | | \$ |
| | | | | |
| | | | | |
| | ed stock and interests in incorpo erest in an LLC, partnership, or jo | rated and unincorporated businesse int venture | s, | |
| | - , p | | | |
| Name of entity: | | % of ownership: | | |
| | | | | |
| | | | | Φ |
| | ls, corporate bonds, and other ne | gotiable and non-negotiable | | |
| instruments not in | ncluded in Part 1 | | | |
| Describe: | | | | |
| | | | | |
| 16.2 | | | | \$ |
| | | | | |
| 17 Total of Boot 4 | | | | |
| 17. Total of Part 4 | th 16. Copy the total to line 92 | | | \$ |
| Aud lines 14 throug | gh 16. Copy the total to line 83. | | | L |

| Debtor | Case number (if known) |
|--------|------------------------------|
| | Color interior (in interior) |

| Pai | rt 5: Inventory, excluding agricultur | e assets | | | |
|-----|---|-------------------------------------|---|---|------------------------------------|
| 18. | Does the debtor own any inventory (exclu | ding agriculture assets | s)? | | |
| | No. Go to Part 6.☐ Yes. Fill in the information below. | | | | |
| | | 5 | | | |
| | General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 19. | Raw materials | | | | |
| | | MM / DD / YYYY | \$ | | \$ |
| 20. | Work in progress | | | | |
| | | MM / DD / YYYY | \$ | | \$ |
| 21. | Finished goods, including goods held for | resale | | | |
| | | MM / DD / YYYY | \$ | | \$ |
| 22. | Other inventory or supplies | | | | |
| | | MM / DD / YYYY | \$ | | \$ |
| 23. | Total of Part 5 | | | | • |
| | Add lines 19 through 22. Copy the total to line | e 84. | | | \$ |
| 24. | Is any of the property listed in Part 5 peris | shable? | | | |
| | Yes | | | | |
| 25. | Has any of the property listed in Part 5 be | en purchased within 20 | days before the bank | cruptcy was filed? | |
| | □ No | | | | |
| | Yes. Book value | | | | |
| 26. | Has any of the property listed in Part 5 be No Yes | en appraised by a prof | essional within the las | st year? | |
| Dou | rt 6: Farming and fishing-related ass | sets (other than title | ed motor vehicles a | and land) | |
| | | | | | |
| 27. | Does the debtor own or lease any farming No. Go to Part 7. | and fishing-related as | sets (other than titled | motor venicles and land)? | |
| | Yes. Fill in the information below. | | | | |
| | General description | | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 28. | Crops—either planted or harvested | | (vviiere available) | | |
| | | | \$ | - <u></u> | \$ |
| 29. | Farm animals Examples: Livestock, poultry, | farm-raised fish | | | |
| | | | \$ | | \$ |
| 30. | Farm machinery and equipment (Other tha | an titled motor vehicles) | | | |
| | | | \$ | | \$ |
| 31. | Farm and fishing supplies, chemicals, and | d feed | | | |
| | | | \$ | | \$ |
| 32. | Other farming and fishing-related property | y not already listed in F | Part 6 | | |
| | | | \$ | | \$ |

| De | btor | Case | e number (if known) | |
|-----|--|--------------------------|------------------------|---------------------------|
| | Name | | | |
| | | | | |
| 33 | Total of Part 6. | | | |
| | Add lines 28 through 32. Copy the total to line 85. | | | \$ |
| | | | | |
| 34. | Is the debtor a member of an agricultural cooperative? | | | |
| | □ No | | | |
| | ☐ Yes. Is any of the debtor's property stored at the cooperative? | | | |
| | □ No | | | |
| | Yes | | | |
| 35. | Has any of the property listed in Part 6 been purchased within 2 | 0 days before the bank | ruptcy was filed? | |
| | □ No | , | , | |
| | | | | |
| | Yes. Book value \$ Valuation method | | 9 \$ | |
| 36. | Is a depreciation schedule available for any of the property liste | ed in Part 6? | | |
| | □ No | | | |
| | Yes | | | |
| 37. | Has any of the property listed in Part 6 been appraised by a pro- | fessional within the las | t year? | |
| | □ No | | | |
| | Yes | | | |
| | ☐ res | | | |
| | | | | |
| Pa | rt 7: Office furniture, fixtures, and equipment; and colle | ectibles | | |
| 38 | Does the debtor own or lease any office furniture, fixtures, equi | nment or collectibles? | | |
| 50. | bes the desict own of lease any office furniture, fixtures, equi | pinent, or concendes: | | |
| | ☐ No. Go to Part 8. | | | |
| | ☐ Yes. Fill in the information below. | | | |
| | | | | |
| | General description | Net book value of | Valuation method | Current value of debtor's |
| | | debtor's interest | used for current value | interest |
| | | (Where available) | | |
| 39. | Office furniture | | | |
| | | \$ | | \$ |
| | | Ψ | | Ψ |
| 40. | Office fixtures | | | |
| | | \$ | | \$ |
| | | | | |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software | | | |
| | communication systems equipment and software | c | | ¢ |
| | | \$ | | \$ |
| 42. | Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or or the party beauty and prints and pr | | | |
| | artwork; books, pictures, or other art objects; china and crystal; stam or baseball card collections; other collections, memorabilia, or collections | | | |
| | 42.1 | | | \$ |
| | | | | \$ |
| | 42.2 | | | |
| | 42.3 | \$ | | \$ |
| 43. | Total of Part 7. | | | • |
| | Add lines 39 through 42. Copy the total to line 86. | | | \$ |
| 44. | Is a depreciation schedule available for any of the property liste | ed in Part 7? | | |
| | □ No | | | |
| | | | | |
| | Yes | | | |
| 45. | Has any of the property listed in Part 7 been appraised by a pro- | fessional within the las | t year? | |
| | | | | |
| | □ No | | | |
| | ☐ Yes | | | |

| Debtor Case number (if known) | |
|-------------------------------|--|

| 46. Does the debtor own or lease any machinery, equipment, or vehicles? No. Go to Part 9. Yes. Fill in the information below. General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles 47.1 | |
|---|--|
| Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles 47.1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| 47.1 | |
| \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| trailers, motors, floating homes, personal watercraft, and fishing vessels 48.1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| 49. Aircraft and accessories 49.1 | |
| 49.1 | |
| 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| 51. Total of Part 8. | |
| \$ | |
| | |
| 52. Is a depreciation schedule available for any of the property listed in Part 8? ☐ No ☐ Yes | |
| 53. Has any of the property listed in Part 8 been appraised by a professional within the last year? No Yes | |

| Del | otor | Name | | Case r | number (if known) | |
|-----|-------------------------------------|---|--|---|---|------------------------------------|
| Par | t 9: Re | eal property | | | | |
| 54. | | e debtor own or lease any real proper | ty? | | | |
| | | Fill in the information below. | | | | |
| 55. | Any buil | ding, other improved real estate, or la | and which the debtor | owns or in which the | debtor has an interest | |
| | Include st Assessor (for exam | tion and location of property reet address or other description such as Parcel Number (APN), and type of property ple, acreage, factory, warehouse, apartment uilding), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| | 55.1 | | | \$ | | \$ |
| | 55.2 | | | \$ | | \$ |
| | 55.3 | | | \$ | | \$ |
| | 55.4 | | | \$ | | \$ |
| | 55.5 | | | \$ | | \$ |
| | 55.6 | | | \$ | | \$ |
| 56. | Total of Add the | Part 9. current value on lines 55.1 through 55.6 | and entries from any a | additional sheets. Copy t | he total to line 88. | \$ |
| 57. | Is a dep | reciation schedule available for any o | f the property listed i | in Part 9? | | |
| 58. | | of the property listed in Part 9 been a | appraised by a profes | ssional within the last y | /ear? | |
| Par | t 10: In | tangibles and intellectual proper | rty | | | |
| 59. | No. 0 | e debtor have any interests in intangil Go to Part 11. Fill in the information below. | bles or intellectual pr | operty? | | |
| | Genera | al description | | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 60. | Patents, | copyrights, trademarks, and trade se | ecrets | \$ | | \$ |
| 61. | Internet | domain names and websites | | \$ | | \$ |
| 62. | License | s, franchises, and royalties | | \$ | | \$ |

Official Form 206A/B

66. Total of Part 10.

65. Goodwill

63. Customer lists, mailing lists, or other compilations

Add lines 60 through 65. Copy the total to line 89.

64. Other intangibles, or intellectual property

| Del | otor Case number (if known) | |
|-----|---|-------------------|
| | Name | |
| | | |
| 67. | Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A | A) and 107)? |
| | □ No | |
| | ☐ Yes | |
| 68. | Is there an amortization or other similar schedule available for any of the property listed in Part 10? | |
| | □ No | |
| | ☐ Yes | |
| 60 | Has any of the property listed in Part 10 been appraised by a professional within the last year? | |
| 09. | No | |
| | ☐ Yes | |
| | | |
| Par | t 11: All other assets | |
| 70 | Does the debtor own any other assets that have not yet been reported on this form? | |
| 70. | Include all interests in executory contracts and unexpired leases not previously reported on this form. | |
| | No. Go to Part 12. | |
| | | |
| | Yes. Fill in the information below. | Current value of |
| | | debtor's interest |
| 71. | Notes receivable | |
| | Description (include name of obligor) | |
| | Total face amount doubtful or uncollectible amount | \$ |
| 72 | Tax refunds and unused net operating losses (NOLs) | |
| 12. | | |
| | Description (for example, federal, state, local) | |
| | Tax year | \$ |
| | Tax year | \$ |
| | Tax year | \$ |
| 73. | Interests in insurance policies or annuities | |
| | | \$ |
| 71 | Course of action against third neutice (whether or not a lawy) | |
| 74. | Causes of action against third parties (whether or not a lawsuit has been filed) | |
| | | \$ |
| | Nature of claim | Ψ |
| | Amount consorted | |
| | Amount requested \$ | |
| 75. | Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to | |
| | set off claims | |
| | | \$ |
| | Nature of claim | — |
| | | |
| | Amount requested \$ | |
| 76. | Trusts, equitable or future interests in property | |
| | | \$ |
| 77. | Other property of any kind not already listed Examples: Season tickets, | |
| | country club membership | |
| | | \$ |
| | | \$ |
| 70 | Total of Day 44 | * |
| 78. | Total of Part 11. | \$ |
| | Add lines 71 through 77. Copy the total to line 90. | |
| 79. | Has any of the property listed in Part 11 been appraised by a professional within the last year? | |
| | □ No | |
| | ☐ Yes | |

Name

Part 12:

Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | | Current value of real property |
|---|------------------------------------|---------------|--------------------------------|
| Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$ | | |
| . Deposits and prepayments. Copy line 9, Part 2. | \$ | | |
| accounts receivable. Copy line 12, Part 3. | \$ | | |
| Investments. Copy line 17, Part 4. | \$ | | |
| Inventory. Copy line 23, Part 5. | \$ | | |
| Farming and fishing-related assets. Copy line 33, Part 6. | \$ | | |
| Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | \$ | | |
| Machinery, equipment, and vehicles. Copy line 51, Part 8. | \$ | _ | |
| eal property. Copy line 56, Part 9 | → | | \$ |
| ntangibles and intellectual property. Copy line 66, Part 10. | \$ | | |
| All other assets. Copy line 78, Part 11. | + \$ | | |
| Total. Add lines 80 through 90 for each column91a. | \$ | ♣ 91b. | \$ |
| | | | |
| Total of all property on Schedule A/B. Lines 91a + 91b = 92 | | | |

| Fill in this information to the offering | | | |
|---|---|--|---|
| Fill in this information to identify the case: | | | |
| Debtor nameUnited States Bankruptcy Court for the: | | | |
| Case number (If known): | (State) | C | ☐ Check if this is an |
| Official Form 206D | | | amended filing |
| | Vho Have Claims Secured k | ov Property | 12/15 |
| Be as complete and accurate as possible. | The Have claims decared i | by 1 10porty | 12/13 |
| Do any creditors have claims secured by deb | otor's property? s form to the court with debtor's other schedules. Debtor h | as nothing else to report | on this form. |
| Part 1: List Creditors Who Have Secure | ed Claims | | |
| | ave secured claims. If a creditor has more than one | Column A Amount of claim Do not deduct the value | Column B Value of collateral that supports this |
| 2.1 Creditor's name | Describe debtor's property that is subject to a lien | of collateral. | claim |
| Creditor's mailing address | | _ \$ | \$ |
| | Describe the lien | - | |
| Creditor's email address, if known | Is the creditor an insider or related party? No Yes | | |
| Date debt was incurred | Is anyone else liable on this claim? ☐ No | | |
| Last 4 digits of account number | Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| Do multiple creditors have an interest in the same property? ☐ No | As of the petition filing date, the claim is: Check all that apply. | | |
| Yes. Specify each creditor, including this creditor, and its relative priority. | Contingent Unliquidated Disputed | | |
| 2.2 Creditor's name | Describe debtor's property that is subject to a lien | | |
| | | _ \$ | \$ |
| Creditor's mailing address | | _ | |
| | Describe the lien | _ | |
| Creditor's email address, if known | Is the creditor an insider or related party? ☐ No ☐ Yes | | |
| Date debt was incurred | Is anyone else liable on this claim? | | |
| Last 4 digits of account number | No Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). | | |
| Do multiple creditors have an interest in the same property? | As of the petition filing date, the claim is: Check all that apply. | | |
| ☐ No☐ Yes. Have you already specified the relative | Contingent Unliquidated | | |
| priority? No. Specify each creditor, including this creditor, and its relative priority. | ☐ Disputed | | |
| Yes. The relative priority of creditors is specified on lines | | | |
| 3. Total of the dollar amounts from Part 1, Colu Page, if any. | mn A, including the amounts from the Additional | \$ | |

| Debtor | | Case number (if known) |
|--------|------|------------------------|
| | Name | |

| Part 1: Additional Page Copy this page only if more space is ne previous page. | eeded. Continue numbering the lines sequentially from the | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
|---|--|---|---|
| 2 Creditor's name | Describe debtor's property that is subject to a lien | | |
| Creditor's mailing address | | - \$ | \$ |
| | Describe the lien | - | |
| Creditor's email address, if known | Is the creditor an insider or related party? No Yes | | |
| Date debt was incurred Last 4 digits of account number | Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| Do multiple creditors have an interest in same property? No Yes. Have you already specified the relations. | Check all that apply. Contingent | | |
| priority? No. Specify each creditor, including creditor, and its relative priority. | this | | |
| Yes. The relative priority of creditors specified on lines | s is | | |
| 2 Creditor's name | Describe debtor's property that is subject to a lien | | |
| Creditor's mailing address | | - \$ | \$ |
| | Describe the lien | - | |
| Creditor's email address, if known | Is the creditor an insider or related party? No Yes | | |
| Date debt was incurred Last 4 digits of account number | Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| Do multiple creditors have an interest in same property? No Yes. Have you already specified the relations. | Check all that apply. | | |
| priority? No. Specify each creditor, including creditor, and its relative priority. | this | | |
| Yes. The relative priority of creditors specified on lines | s is | | |

| \Box | hta | |
|--------|-----|--|

Name

Case number (if known)_____

Part 2:

List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|------------------|---|---|
| | Line 2 | |
| | | |
| | | |
| | Line 2 | |

| Fill in this information to identify the case: | | | |
|---|--|--|---|
| Debtor | | | |
| United States Bankruptcy Court for the: | District of | | |
| | (State) | | |
| Case number (If known) | | | |
| | | | Check if this is an |
| Official Form 206E/F | | | amended filing |
| Schedule E/F: Creditors W | /ho Have Unsecured | Claims | 12/15 |
| Be as complete and accurate as possible. Use Part unsecured claims. List the other party to any execu on <i>Schedule A/B: Assets - Real and Personal Prop</i> (Official Form 206G). Number the entries in Parts 1 the Additional Page of that Part included in this for | atory contracts or unexpired leases that erty (Official Form 206A/B) and on Sched and 2 in the boxes on the left. If more sp | could result in a claim. Also Iule G: Executory Contracts | list executory contracts and Unexpired Leases |
| Part 1: List All Creditors with PRIORITY Un | secured Claims | | |
| Do any creditors have priority unsecured claims No. Go to Part 2. Yes. Go to line 2. | ? (See 11 U.S.C. § 507). | | |
| 2. List in alphabetical order all creditors who have u | | ority in whole or in part. If the | e debtor has more than |
| 3 creditors with priority unsecured claims, fill out and | d attach the Additional Page of Part 1. | | |
| | | Total claim | Priority amount |
| .1 Priority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | \$ |
| | ☐ Contingent☐ Unliquidated☐ Disputed☐ | | |
| Date or dates debt was incurred | Basis for the claim: | | |
| Last 4 digits of account number | Is the claim subject to offset? ☐ No | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) () | Yes | | |
| .2 Priority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | \$ |
| | ☐ Contingent☐ Unliquidated | | |
| | Disputed | | |
| Date or dates debt was incurred | Basis for the claim: | | |
| Last 4 digits of account number | Is the claim subject to offset? | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) () | Yes | | |
| 3 Priority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | \$ |
| Date or dates debt was incurred | ☐ Disputed Basis for the claim: | | |
| | La tha alaba andria (* 10 | | |
| Last 4 digits of account number | Is the claim subject to offset? No | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) () | ☐ Yes | | |

| Dobto | ٦r | | |
|-------|----|--|--|

Name

Part 1

Additional Page

| | | umbering the lines sequentially from the exist, do not fill out or submit this page. | Total claim | Priority amount |
|---|-------------------------------|--|-------------|-----------------|
| 2 Priority creditor's nam | e and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | \$ |
| Date or dates debt was | incurred | Basis for the claim: | | |
| Last 4 digits of accounnumber | on of PRIORITY unsecured | Is the claim subject to offset? ☐ No ☐ Yes | | |
| | e and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | \$ |
| Date or dates debt was | incurred | Basis for the claim: | | |
| Last 4 digits of accounnumber Specify Code subsecticlaim: 11 U.S.C. § 507(| . —— on of PRIORITY unsecured | Is the claim subject to offset? ☐ No ☐ Yes | | |
| 2 Priority creditor's nam | e and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | \$ |
| Date or dates debt was | incurred | Basis for the claim: | | |
| Last 4 digits of accounnumber Specify Code subsecticlaim: 11 U.S.C. § 507(| . —— on of PRIORITY unsecured | Is the claim subject to offset? ☐ No ☐ Yes | | |
| | e and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | \$ |
| Date or dates debt was | incurred | Basis for the claim: | | |
| Last 4 digits of accounnumber Specify Code subsecticlaim: 11 U.S.C. § 507(| . —— on of PRIORITY unsecured | Is the claim subject to offset? ☐ No ☐ Yes | | |
| | | | | |

Part 2:

Name

List All Creditors with NONPRIORITY Unsecured Claims

| 3. | List in alphabetical order all of the creditors with nonpriority u unsecured claims, fill out and attach the Additional Page of Part 2. | | 6 creditors with nonpriority |
|-----|--|--|------------------------------|
| | | | Amount of claim |
| 3.1 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | _ |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | Yes | |
| 3.2 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | _ |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | ☐ No ☐ Yes | |
| 3.3 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | No Yes | |
| 3.4 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | ☐ No ☐ Yes | |
| 3.5 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | _ |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | ☐ No ☐ Yes | |
| 3.6 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | _ |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | Yes | |

Part 2:

| _ | | |
|-----|----|----|
| NI: | an | ۵۰ |

Additional Page

| | py this page only if more space is needed. Continue numberi evious page. If no additional NONPRIORITY creditors exist, do | | Amount of claim |
|---|--|---|-----------------|
| 3 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Liquidated and neither contingent nor disputed | \$ |
| | | Basis for the claim: | |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | ☐ No ☐ Yes | |
| 3 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | ☐ No ☐ Yes | |
| 3 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | ☐ No ☐ Yes | |
| 3 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | · | |
| | | Basis for the claim: | |
| | Date or dates debt was incurred | □ No | |
| | Last 4 digits of account number | Yes | |
| 3 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ |
| | | Basis for the claim: | |
| | Date or dates debt was incurred | Is the claim subject to offset? | |
| | Last 4 digits of account number | No Yes | |
| | | | |

| Debtor Case n | number (if known) |
|---------------|-------------------|
|---------------|-------------------|

Part 3:

List Others to Be Notified About Unsecured Claims

| me and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number any |
|------------------------|---|
| | Line |
| | Not listed. Explain — — — — |
| | line |
| | · |
| | Line |
| | Not listed. Explain — — — — |
| | Line |
| | Not listed. Explain — — — — |
| | Line |
| | Not listed. Explain — — — — |
| | Line |
| | Not listed. Explain — — — — |
| | Line |
| | Not listed. Explain — — — — |
| | Line |
| | Not listed. Explain — — — — |
| | Line |
| | Not listed. Explain — — — — |
| | Line |
| | Not listed. Explain — — — — |
| | Line |
| | Not listed. Explain — — — — |
| | |
| | Not listed. Explain |

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

| | Name and mailing address | which line in Part 1 or Part 2 is the ted creditor (if any) listed? | Last 4 digits of account number, if any |
|---|--------------------------|---|---|
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |
| 4 | | Not listed. Explain | |

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

Name

5a. \$_____

5b. Total claims from Part 2

\$_____

5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.

5c.

5b.

| = i II | in this information to identify t | the case: | | |
|-------------------|---|---|--|--------------------------------------|
| | | nie Case. | | |
| | or name | | | |
| | ed States Bankruptcy Court for the: | (State) | _ | |
| Case | e number (If known): | Chapter | | |
| | | | | ☐ Check if this is an amended filing |
| Off | icial Form 206G | | | |
| Sc | hedule G: Exec | cutory Contracts and | Unexpired Leases | 12/15 |
| 1. [| Does the debtor have any execc ☐ No. Check this box and file the | cutory contracts or unexpired leases? his form with the court with the debtor's other | I attach the additional page, numbering the error schedules. There is nothing else to report on the listed on Schedule A/B: Assets - Real and Person | nis form. |
| 2. L | ist all contracts and unexpired | d leases | State the name and mailing address for a whom the debtor has an executory contri | |
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | | | |
| | State the term remaining | | | |
| | List the contract number of any government contract | | | |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | | | |
| | State the term remaining | | | |
| | List the contract number of any government contract | | | |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | | | |
| | State the term remaining | | | |
| | List the contract number of any government contract | | | |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | | | |
| | State the term remaining | | | |
| | List the contract number of any government contract | | | |
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest | | | |
| | State the term remaining | | | |
| | List the contract number of any government contract | | · | |

| Debtor | Case number (if known) |
|--------|------------------------|

| Name | |
|------|--|
| | |
| | |
| | |
| | |

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

| Copy this page only if more s | pace is needed. Continue numbering the | e lines sequentially from the previous page. |
|---|--|--|
| List all contracts and unexpired | leases | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | | |
| State what the contract or lease is for and the nature of the debtor's interest | | |
| State the term remaining List the contract number of any government contract | | |
| State what the contract or lease is for and the nature of the debtor's interest | | |
| State the term remaining List the contract number of any government contract | | |
| State what the contract or lease is for and the nature of the debtor's interest | | |
| State the term remaining List the contract number of any government contract | | |
| State what the contract or lease is for and the nature of the debtor's interest | | |
| State the term remaining List the contract number of any government contract | | |
| State what the contract or lease is for and the nature of the debtor's interest | | |
| State the term remaining List the contract number of any government contract | | |
| State what the contract or lease is for and the nature of the debtor's interest | | |
| State the term remaining List the contract number of any government contract | | |

| Fil | I in this information to ide | entify the case: | | | | |
|-----|--|---|------------------------|-----------------------|---------------------------|--|
| De | btor name | | | | | |
| Un | ited States Bankruptcy Court fo | or the: | District o | | | |
| Ca | se number (If known): | | | (State) | | |
| | | | | | | |
| | | | | | | Check if this is an amended filing |
| | ficial Form 206h | | | | | amondod ming |
| Sc | chedule H: Co | odebtors | | | | 12/15 |
| | as complete and accurate Additional Page to this pa | | re space is needed, c | opy the Additional | Page, numbering the ent | ries consecutively. Attach |
| | Does the debtor have any No. Check this box and Yes In Column 1, list as code creditors, Schedules D-C schedule on which the cre | d submit this form to btors all of the pec | ople or entities who a | re also liable for an | y debts listed by the deb | tor in the schedules of ebt is owed and each |
| | Column 1: Codebtor | | | | Column 2: Creditor | |
| | Name | Mailing address | • | | Name | Check all schedules that apply: |
| 2.1 | | Street | | | | D E/F G |
| | | City | State | ZIP Code | | |
| 2.2 | | Street | | | | D |
| | | | | | | □ E/F □ G |
| | | City | State | ZIP Code | | |
| 2.3 | | | | | | □ D |
| | | Street | | | | □ E/F □ G |
| | | City | State | ZIP Code | | |
| 2.4 | | y | <u> </u> | | | □ D |
| | | Street | | | | |
| | | | | | | _ • |
| 2.5 | | City | State | ZIP Code | | |
| | | Street | | | | D E/F G |
| | | City | State | ZIP Code | | |
| 2.6 | | <u> </u> | | | | □ D |
| | | Street | | | | □ E/F □ G |

ZIP Code

State

City

| | | ı |
|--|--|---|
| | | |
| | | |
| | | ı |
| | | |
| | | |
| | | ı |
| | | |

Additional Page if Debtor Has More Codebtors

| Сор | y this page only if more space is nee | eded. Continue num | bering the lines sec | quentially from the previo | ous page. |
|--------|---------------------------------------|--------------------|----------------------|----------------------------|---------------------------------|
| Column | 1: Codebtor | | | Column 2: Creditor | |
| Nan | ne Mailing address | | | Name | Check all schedules that apply: |
| 2 | Street | | | | □ D □ E/F □ G |
| | City | State | ZIP Code | | |
| 2 | Street | | | | □ D □ E/F □ G |
| | City | State | ZIP Code | | |
| 2 | Street | | | | D _ E/F _ G |
| | City | State | ZIP Code | | |
| 2 | Street | | | | D _ E/F _ G |
| | City | State | ZIP Code | | |
| 2 | Street | | | - | D _ E/F _ G |
| | City | State | ZIP Code | | |
| 2 | Street | | | | D □ E/F □ G |
| | City | State | ZIP Code | | |
| 2 | Street | | | | □ D □ E/F |
| | City | State | ZIP Code | | □ G |
| 2 | Street | | | | D _ E/F _ G |
| | City | State | ZIP Code | | u 0 |
| | | | | | |

| Fill in this information to identify the case: | |
|--|--|
| Debtor name | |
| United States Bankruptcy Court for the: District of (State) | |
| Case number (If known): | |
| | Check if this is an amended filing |
| | , and the second |
| Official Form 206Sum | |
| Summary of Assets and Liabilities for Non-Individuals | 12/15 |
| | _ |
| Part 1: Summary of Assets | |
| Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B) | |
| 1a. Real property: | |
| Copy line 88 from Schedule A/B | \$ |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B.</i> | \$ |
| | |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ |
| | |
| | |
| Part 2: Summary of Liabilities | |
| | |
| Cohodula Di Craditava Wha Have Claims Convend by Property (Official Form 200D) | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D. | \$ |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: | |
| Copy the total claims from Part 1 from line 6a of Schedule E/F | \$ |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> | + \$ |
| · · · · · · · · · · · · · · · · · · · | |
| 4. Total liabilities | |

Lines 2 + 3a + 3b

| Fill in this information to identify the case and this filing: | |
|--|--------------------------|
| | |
| Debtor Name | |
| United States Bankruptcy Court for the: | _ District of (State) |
| Case number (If known): | |

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

| Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B) |
|--|
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) |
| Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G) |
| Schedule H: Codebtors (Official Form 206H) |
| Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum) |
| Amended Schedule |
| Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204) |
| Other document that requires a declaration |
| clare under penalty of perjury that the foregoing is true and correct. Suted on MM / DD / YYYY Signature of individual signing on behalf of debtor |
| Printed name |

Position or relationship to debtor

| Fill in this information to identify the case: | |
|--|--------------------|
| Debtor name | |
| United States Bankruptcy Court for the: | District of(State) |
| Case number (If known): | (, |

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

| Part 1 | 1: Income | | | | | |
|----------------|---|---------------------------|----------|----------------|---|--|
| 1. Gr o | oss revenue from business | | | | | |
| | None | | | | | |
| | Identify the beginning and enmay be a calendar year | ding dates of the debtor' | s fiscal | l year, which | Sources of revenue Check all that apply | Gross revenue (before deductions and exclusions) |
| | From the beginning of the fiscal year to filing date: | From | to | Filing date | Operating a business Other | \$ |
| | For prior year: | From MM / DD / YYYY | to | MM / DD / YYYY | Operating a business Other | \$ |
| | For the year before that: | From MM/DD/YYYY | to | MM / DD / YYYY | Operating a business Other | \$ |
| Incl | | | | | ne may include interest, dividends, mor rately. Do not include revenue listed in | |
| | | | | | Description of sources of revenue | Gross revenue from each source (before deductions and |
| | From the beginning of the fiscal year to filing date: | From | to | Filing date | | exclusions) \$ |
| | For prior year: | From | to | MM / DD / YYYY | | \$ |
| | For the year before that: | FromMM/DD/YYYY | to | MM / DD / YYYY | | \$ |

| payments or trans before filing the steed on 4/01/10 | nis case unless the ac | pense reimbur ggregate value | sements—to | o any creditor, other than regu | is less th | loyee compensation, within 90 nan \$6,225. (This amount may be nent.) |
|--|---|--|---|--|--|--|
| None | | | | | | |
| Creditor's nar | ne and address | | Dates | Total amount or value | Reas | sons for payment or transfer |
| | | | | | Che | ck all that apply |
| 0 | | | | \$ | | Secured debt |
| Creditor's name | | | | | | Unsecured loan repayments |
| Street | | | | | | Suppliers or vendors |
| | | | | | | Services |
| City | State | ZIP Code | | | | Other |
| | | | | | _ | |
| Canditaria nama | | | | \$ | | Secured debt |
| Creditor's name | | | | | u | Unsecured loan repayments |
| Street | | | | | | Suppliers or vendors |
| | | | | | | Services |
| | | | | | | |
| payments or tra anteed or cosi 25. (This amou ot include any eral partners of | ansfers, including exp gned by an insider un int may be adjusted o payments listed in lin a partnership debtor | pense reimburs lless the aggre on 4/01/16 and lie 3. <i>Insiders</i> ir | ements, ma gate value o every 3 yea nclude office | of all property transferred to or irs after that with respect to ca rs, directors, and anyone in c | this case r for the l ases filed ontrol of | any insider on debts owed to an insider or benefit of the insider is less than a corporate debtor and their relatives; ffiliates; and any managing agent of |
| ments or other payments or transcription or cosis 25. (This amount include any peral partners of debtor. 11 U.S. | r transfers of proper ansfers, including exp gned by an insider un ant may be adjusted of payments listed in lin a partnership debtor | rty made with ense reimburs eless the aggre on 4/01/16 and the 3. <i>Insiders</i> in | ements, ma gate value o every 3 yea nclude office | de within 1 year before filing to fall property transferred to or ars after that with respect to cars, directors, and anyone in comments. | nefited a this case r for the lases filed ontrol of | any insider on debts owed to an insider or benefit of the insider is less than I on or after the date of adjustment.) a corporate debtor and their relatives; |
| ments or othe payments or transeed or cosi 25. (This amount include any | r transfers of proper ansfers, including exp gned by an insider un int may be adjusted of payments listed in lin a partnership debtor C. § 101(31). | rty made with ense reimburs eless the aggre on 4/01/16 and the 3. <i>Insiders</i> in | ements, ma gate value o every 3 yea nclude office | de within 1 year before filing to fall property transferred to or ars after that with respect to cars, directors, and anyone in comments. | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than I on or after the date of adjustment.) a corporate debtor and their relatives; |
| ments or other payments or transcription of the payments or transcription of the payments of t | r transfers of proper ansfers, including exp gned by an insider un int may be adjusted of payments listed in lin a partnership debtor C. § 101(31). | rty made with ense reimburs eless the aggre on 4/01/16 and the 3. <i>Insiders</i> in | ements, ma gate value o every 3 yea nclude office ives; affiliate | de within 1 year before filing to all property transferred to or ars after that with respect to cars, directors, and anyone in cas of the debtor and insiders of the debtor and insider | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than d on or after the date of adjustment.) a corporate debtor and their relatives; ffiliates; and any managing agent of |
| ments or other payments or transcription or cosi 25. (This amount include any peral partners of debtor. 11 U.S. | r transfers of proper ansfers, including exp gned by an insider un int may be adjusted of payments listed in lin a partnership debtor C. § 101(31). | rty made with ense reimburs eless the aggre on 4/01/16 and the 3. <i>Insiders</i> in | ements, ma gate value o every 3 yea nclude office ives; affiliate | de within 1 year before filing to fall property transferred to or ours after that with respect to cars, directors, and anyone in cas of the debtor and insiders of | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than d on or after the date of adjustment.) a corporate debtor and their relatives; ffiliates; and any managing agent of |
| ments or other cayments or transceed or cosis 25. (This amount include any eral partners of debtor. 11 U.S. None | r transfers of proper ansfers, including exp gned by an insider un int may be adjusted of payments listed in lin a partnership debtor C. § 101(31). | rty made with ense reimburs eless the aggre on 4/01/16 and the 3. <i>Insiders</i> in | ements, ma gate value o every 3 yea nclude office ives; affiliate | de within 1 year before filing to all property transferred to or ars after that with respect to cars, directors, and anyone in cas of the debtor and insiders of the debtor and insider | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than d on or after the date of adjustment.) a corporate debtor and their relatives; ffiliates; and any managing agent of |
| ments or other payments or transcended or cosis 25. (This amount include any gral partners of debtor. 11 U.S. None Insider's name | r transfers of proper ansfers, including exp gned by an insider un int may be adjusted of payments listed in lin a partnership debtor C. § 101(31). | rty made with ense reimburs eless the aggre on 4/01/16 and the 3. <i>Insiders</i> in | ements, ma gate value o every 3 yea nclude office ives; affiliate | de within 1 year before filing to all property transferred to or ars after that with respect to cars, directors, and anyone in cas of the debtor and insiders of the debtor and insider | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than d on or after the date of adjustment.) a corporate debtor and their relatives; ffiliates; and any managing agent of |
| ments or other cayments or transcended or cosis 25. (This amount include any gral partners of debtor. 11 U.S. None Insider's name Street | r transfers of proper ansfers, including expended by an insider until may be adjusted to payments listed in lin a partnership debtor C. § 101(31). | rty made with bense reimburs eless the aggre on 4/01/16 and the 3. Insiders in and their relati | ements, ma gate value o every 3 yea nclude office ives; affiliate | de within 1 year before filing to all property transferred to or ars after that with respect to cars, directors, and anyone in cas of the debtor and insiders of the debtor and insider | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than d on or after the date of adjustment.) a corporate debtor and their relatives; ffiliates; and any managing agent of |
| ments or other cayments or transcered or cosis 25. (This amount include any eral partners of debtor. 11 U.S. None Insider's name Street City | r transfers of proper ansfers, including expended by an insider until may be adjusted to payments listed in lin a partnership debtor C. § 101(31). | rty made with bense reimburs eless the aggre on 4/01/16 and the 3. Insiders in and their relati | ements, ma gate value o every 3 yea nclude office ives; affiliate | de within 1 year before filing to all property transferred to or ars after that with respect to cars, directors, and anyone in cas of the debtor and insiders of the debtor and insider | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than d on or after the date of adjustment.) a corporate debtor and their relatives; ffiliates; and any managing agent of |
| ments or other cayments or transcered or cosis 25. (This amount include any eral partners of debtor. 11 U.S. None Insider's name Street City | r transfers of proper ansfers, including expended by an insider until may be adjusted to payments listed in lin a partnership debtor C. § 101(31). | rty made with bense reimburs eless the aggre on 4/01/16 and the 3. Insiders in and their relati | ements, ma gate value o every 3 yea nclude office ives; affiliate | de within 1 year before filing to all property transferred to or ars after that with respect to cars, directors, and anyone in cas of the debtor and insiders of the debtor and insider | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than d on or after the date of adjustment.) a corporate debtor and their relatives; ffiliates; and any managing agent of |
| ments or other payments or tra anteed or cosi 25. (This amou not include any eral partners of debtor. 11 U.S. None Insider's name Street City Relationship t | r transfers of proper ansfers, including expended by an insider until may be adjusted to payments listed in lin a partnership debtor C. § 101(31). | rty made with bense reimburs eless the aggre on 4/01/16 and the 3. Insiders in and their relati | ements, ma gate value o every 3 yea nclude office ives; affiliate | de within 1 year before filing to all property transferred to or ars after that with respect to cars, directors, and anyone in cas of the debtor and insiders of the debtor and insider | nefited a this case r for the lases filed ontrol of of such at | any insider on debts owed to an insider or benefit of the insider is less than d on or after the date of adjustment.) a corporate debtor and their relatives; ffiliates; and any managing agent of |

Case number (if known)_

Debtor

Name

| sol | possessions, foreclosures, and return all property of the debtor that was obtain d at a foreclosure sale, transferred by a d | ned by a cre | | | | | | | creditor, | |
|--------------------|---|--|--|---------------|---|---|---------------------|-----------|--|--|
| | None | | | | | | | | | |
| | Creditor's name and address | | Description of the property | | | | Date | | Value of property | |
| 5.1. | | | | | | | | \$ | | |
| | Creditor's name | | | | | | | φ | | |
| | Street | | | | | | | | | |
| | | | | | | | | | | |
| | City State ZIF | | | | | | | | | |
| 5.2. | | | | | | | | | | |
| | One dite when a second | | | | | | | \$_ | | |
| | Creditor's name | | | | | | | | | |
| | Street | | | | | | | | | |
| | | | | | | | | | | |
| | City State ZIF | P Code | | | | | | | | |
| Sat | offs | | | | | | | | | |
| | Creditor's name and address | | Description | of the action | n creditor took | | Date action wataken | as A | Amount | |
| | Creditor's name | | | | | | | \$ | | |
| | | | | | | | | | | |
| | Street | | | | | | | | | |
| | Street | | Last 4 digits | of account r | number: YYYY | | | | | |
| | | IP Code | Last 4 digits | of account r | number: XXXX | | | | | |
| art | City State Z | IP Code | Last 4 digits | of account r | number: XXXX | | | | | |
| Leg List | City State Z | S, court actitions, arbitr | etions, execut | ions, attac | hments, or gove | nmental au | | he debtor | | |
| Leg List | City State Z 3: Legal Actions or Assignments al actions, administrative proceedings, the legal actions, proceedings, investigate involved in any capacity—within 1 year | S, court actitions, arbitr | ctions, execut rations, media g this case. | ions, attac | hments, or gove | rnmental au r state agen | cies in which t | | atus of case | |
| Leg List | City State Z 3: Legal Actions or Assignments al actions, administrative proceedings, the legal actions, proceedings, investigate involved in any capacity—within 1 year. None | s, court actions, arbitribefore filing | ctions, execut rations, media g this case. | ions, attac | nments, or gove udits by federal o | rnmental au r state agen | cies in which t | Sta | | |
| Leg List was | City State Z 3: Legal Actions or Assignments al actions, administrative proceedings, the legal actions, proceedings, investigate involved in any capacity—within 1 year. None | s, court actions, arbitribefore filing | ctions, execut rations, media g this case. | ions, attac | nments, or gove udits by federal o | rnmental au r state agen | cies in which t | Sta | atus of case | |
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| Leg List was | City State Z 3: Legal Actions or Assignments al actions, administrative proceedings, the legal actions, proceedings, investigal involved in any capacity—within 1 year None Case title | s, court actions, arbitribefore filing | ctions, execut rations, media g this case. | ions, attac | nments, or gove udits by federal o Court or agency | rnmental au r state agen | cies in which t | | atus of case Pending On appeal | |
| Leg List was | City State Z 3: Legal Actions or Assignments al actions, administrative proceedings, the legal actions, proceedings, investigate involved in any capacity—within 1 year None Case title Case number | s, court actions, arbitribefore filing | ctions, execut rations, media g this case. | ions, attac | Court or agency Name Street | rnmental au r state agen r's name and | cies in which t | Sta | Pending On appeal Concluded | |
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Case number (if known)_

Debtor

Name

| List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a rocking custodian, or other court-appointed officer within 1 year before filing this case. None | | | | | | | | | | | |
|---|-----------|--|--|---------------------------------------|---------------|-------------------|--|--|--|--|--|
| hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case. None Custodian's name and address Description of the property Value Case title Court name and address Date of order or assignment City State ZIP Code Cestain Gifts and Charitable Contributions Date of order or assignment Date of order or assignment City State ZIP Code T. 4.: Certain Gifts and Charitable Contributions Date of order or assignment Date of order or assignment Date of beginning this case unless the aggregate value of the gifts to that recipient is less than \$1,000 None Recipient's name and address Description of the gifts or contributions Dates given Value Sizest City State ZIP Code Recipient's relationship to debtor Sizest City State ZIP Code Recipient's relationship to debtor Sizest City State ZIP Code Recipient's relationship to debtor Sizest Amount of payments received for the loss occurred If you have received payments is cover he loss, for tot flaibling, is the total received. List all gifts or contribution of the property lost and how the loss occurred Assets Form fire, theft, or other casuality within 1 year before filling this case. None Description of the property lost and how the loss of total listing and clima of firm is cover he loss, for total listing and clima of filling this total received. Assets — Real and Personal Property. List all gifts or chartable contributions Date of loss Value of property lost. Value of property. List all gifts or chartable contributions Date of loss Value of property. List all gifts or chartable contributions List all gifts or chartable contributions Date of loss. Value of property. List all gifts or chartable contributions or the loss. In you have received for the loss. In you have received payments to cover he loss, for total list and you have received payments to cover he loss. In you have received payments to cover he loss. In you have received for the loss. In you have received payments to cover he los | As | ssignments and receivership | | | | | | | | | |
| None Custodian's name and address Description of the property Value S | | st any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the | | | | | | | | | |
| Custodian's name and address Case title | | | • | | | | | | | | |
| Case title Case title Case number Case number number store Case number number number store Case number num | | | Description of the property | Value | | | | | | | |
| Case title Count name and address Case title | | | | ¢ | | | | | | | |
| Case number City State ZIP Code Case number Case number Case number Case number Case number Street Date of order or assignment City State ZIP Code Tit 43: Certain Gifts and Charitable Contributions List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filling this case unless the aggregate value of the gifts to that recipient is less than \$1,000 None Recipient's name and address Description of the gifts or contributions Dates given Value 8. Recipient's relationship to debtor Recipient's relationship to debtor Tit 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filing this case. None Description of the property lost and how the loss of lost lost of the loss of the loss of the loss of lost lost of the lost of lost lost lost of the loss of lost lost lost lost of the loss of lost lost lost lost lost lost lost lost | | Custodian's name | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Case number Case number Case number Case number | | Object | Case title | Court name | e and address | | | | | | |
| City State ZIP Code Date of order or assignment City State ZIP Code Text | | Street | | | | | | | | | |
| Date of order or assignment Date of order or assignment City State ZIP Code | | | Case number | Name | | | | | | | |
| City State ZIP Code Cartain Gifts and Charitable Contributions | | City State ZIP Code | | Street | | | | | | | |
| City State ZIP Code Recipient's name Street City State ZIP Code Recipient's relationship to debtor City State ZiP Code City State ZiP C | | | | | | | | | | | |
| List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filling this case unless the aggregate value of the gifts to that recipient is less than \$1,000 None Recipient's name and address Description of the gifts or contributions Dates given Value | | | Date of order or assignment | City | State | ZIP Code | | | | | |
| List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000 None Recipient's name and address Description of the gifts or contributions Dates given Value \$ Street City State ZIP Code Recipient's relationship to debtor 9.2. Recipient's relationship to debtor T1 53 Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss for example, from insurance, government compensation, or to relatibility, list the lotal received. List uppaid claims on Official Foorm 106A/B (Schedule A/B: Assets – Real and Personal Property). | | | | | | | | | | | |
| List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000 None Recipient's name and address Description of the gifts or contributions Dates given Value \$ Street City State ZIP Code Recipient's relationship to debtor 9.2. Recipient's relationship to debtor T1 53 Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss for example, from insurance, government compensation, or to relatibility, list the lotal received. List uppaid claims on Official Foorm 106A/B (Schedule A/B: Assets – Real and Personal Property). | | | | | | | | | | | |
| of the gifts to that recipient is less than \$1,000 None Recipient's name and address Description of the gifts or contributions Pacepient's name Street City State ZIP Code Recipient's relationship to debtor Street City State ZIP Code Recipient's relationship to debtor Tisi Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments to cover the loss, for example, from insurance, government compensation, or tot liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property). | ۲t | 4: Certain Gifts and Charitable Contribu | utions | | | | | | | | |
| 9.1. Recipient's name Street City State ZIP Code Recipient's relationship to debtor 9.2. Recipient's relationship to debtor Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss occurred I you have received payments to cover the loss, for example, from insurance, government compensation, or tot liability, list total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | | | | | | | | | | |
| Street City State ZIP Code Recipient's relationship to debtor 9.2. Recipient's name Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss occurred Amount of payments received for the loss, for example, from insurance, government compensation, or tor liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | Recipient's name and address | Description of the gifts or contribution | s D | ates given | Value | | | | | |
| Street City State ZIP Code Recipient's relationship to debtor 9.2. Recipient's name Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss occurred or vample, from insurance, government compensation, or tot liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | | | | | ¢ | | | | | |
| Recipient's relationship to debtor 9.2. Recipient's name Street City State ZIP Code Recipient's relationship to debtor Tt. 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss, for example, from insurance, government compensation, or torl liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | 9.1 | Recipient's name | | | | Ψ | | | | | |
| Recipient's relationship to debtor 9.2. Recipient's name Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss, for example, from insurance, government compensation, or torl liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | Street | | | | | | | | | |
| Recipient's relationship to debtor 9.2. Recipient's name Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss, for example, from insurance, government to cover the loss, for lost in lability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | | | | | | | | | | |
| Recipient's relationship to debtor 9.2. Recipient's name Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss, for example, from insurance, government to cover the loss, for lost in lability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | | | | | | | | | | |
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| Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filing this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss occurred life you have received payments to cover the loss, for example, from insurance, government compensation, or torl liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | City State ZIP Code | | | | | | | | | |
| Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filing this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss occurred life you have received payments to cover the loss, for example, from insurance, government compensation, or torl liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | · | | | | | | | | | |
| Street City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filing this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss occurred life you have received payments to cover the loss, for example, from insurance, government compensation, or torl liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | · | | | | | | | | | |
| City State ZIP Code Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filing this case. Description of the property lost and how the loss occurred Amount of payments received for the loss if you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | · | | | | | | | | | |
| Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filing this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | 9.2 | Recipient's relationship to debtor | | | | \$ | | | | | |
| Recipient's relationship to debtor Tt 5: Certain Losses All losses from fire, theft, or other casualty within 1 year before filing this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss occurred lf you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | 9.2 | Recipient's relationship to debtor Recipient's name | | | | \$ | | | | | |
| Recipient's relationship to debtor The St. Certain Losses All losses from fire, theft, or other casualty within 1 year before filling this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss of the loss occurred life you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | 9.2 | Recipient's relationship to debtor Recipient's name | | | | \$ | | | | | |
| All losses from fire, theft, or other casualty within 1 year before filing this case. None Description of the property lost and how the loss occurred Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | 9.2 | Recipient's relationship to debtor Recipient's name | | | | \$ | | | | | |
| All losses from fire, theft, or other casualty within 1 year before filling this case. Description of the property lost and how the loss occurred Amount of payments received for the loss occurred Amount of payments received for the loss occurred list you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | 9.2 | Recipient's relationship to debtor Recipient's name Street | | | | \$ | | | | | |
| All losses from fire, theft, or other casualty within 1 year before filing this case. Description of the property lost and how the loss occurred Amount of payments received for the loss occurred Amount of payments received for the loss occurred list you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | 9.2 | Recipient's relationship to debtor Recipient's name Street City State ZIP Code | | | | \$ | | | | | |
| All losses from fire, theft, or other casualty within 1 year before filing this case. Description of the property lost and how the loss occurred Amount of payments received for the loss occurred Amount of payments received for the loss occurred loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | 9.2 | Recipient's relationship to debtor Recipient's name Street City State ZIP Code | | | | \$ | | | | | |
| Description of the property lost and how the loss occurred Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor | | | | \$ | | | | | |
| Description of the property lost and how the loss occurred Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor | | | | \$ | | | | | |
| Description of the property lost and how the loss occurred Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | rt | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor 5: Certain Losses | n 1 year before filing this case. | | | \$ | | | | | |
| If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | rt Al | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor 5: Certain Losses Hosses from fire, theft, or other casualty within | n 1 year before filing this case. | | | \$ | | | | | |
| tort liability, list the total received. List unpaid claims on Official Form 106A/B (<i>Schedule A/B:</i> Assets – Real and Personal Property). | ırt Al | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor Certain Losses I losses from fire, theft, or other casualty within | | nss D | ate of loss | | | | | | |
| List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | rt | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor Certain Losses I losses from fire, theft, or other casualty within None Description of the property lost and how the loss | Amount of payments received for the le | | ate of loss | Value of property | | | | | |
| Assets – Real and Personal Property). | rt Al | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor Certain Losses I losses from fire, theft, or other casualty within None Description of the property lost and how the loss | Amount of payments received for the lift you have received payments to cover the example, from insurance, government con | e loss, for | ate of loss | Value of property | | | | | |
| | rt Al | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor Certain Losses I losses from fire, theft, or other casualty within None Description of the property lost and how the loss | Amount of payments received for the lift you have received payments to cover the example, from insurance, government contort liability, list the total received. | ne loss, for mpensation, or | ate of loss | Value of property | | | | | |
| | rt Al | Recipient's relationship to debtor Recipient's name Street City State ZIP Code Recipient's relationship to debtor Certain Losses I losses from fire, theft, or other casualty within None Description of the property lost and how the loss | Amount of payments received for the lift you have received payments to cover the example, from insurance, government contort liability, list the total received. List unpaid claims on Official Form 106A/limits. | ne loss, for mpensation, or | ate of loss | Value of property | | | | | |

Case number (if known)_

Debtor

| Debtor | Name | Case number (if known) | | |
|---------------|--|---|---------------------|--------------------------|
| Part 6 | : Certain Payments or Transfers | | | |
| List the f | | erty made by the debtor or person acting on behalf of the ding attorneys, that the debtor consulted about debt cons | | |
| | None | | | |
| | Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
| 11.1. | Address | | | \$ |
| | Street | | | |
| | City State ZIP Code | | | |
| | Email or website address | | | |
| | Who made the payment, if not debtor? | | | |
| | Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
| 11.2. | | | | \$ |
| | Address | | | |
| | Street | | | |
| | City State ZIP Code Email or website address | | | |
| | Who made the payment, if not debtor? | | | |
| 12 Solf | scattled tructs of which the debter is a honofici | arv | | |
| List a se | resettled trusts of which the debtor is a beneficion any payments or transfers of property made by the elf-settled trust or similar device. The include transfers already listed on this statement | e debtor or a person acting on behalf of the debtor within | 10 years before the | e filing of this case to |
| _ | None | | | |
| | Name of trust or device | Describe any property transferred | Dates transfers | Total amount or |

Official Form 207

Trustee

| | Name | | | | | |
|-------|---|---------------------|--|--------------------------|------------------------|-----------------------|
| List | nsfers not already listed on this statement any transfers of money or other property—by sale in 2 years before the filing of this case to another | | | | | |
| | ude both outright transfers and transfers made as | | | | | |
| | None | | | | | |
| | Who received transfer? | Descrip or debts | ntion of property transfer s paid in exchange | red or payments received | Date transfer was made | Total amount or value |
| 13.1. | | | | | | \$ |
| | Address | | | | | |
| | Street | | | | | |
| | City State ZIP Code | | | | | |
| | Relationship to debtor | | | | | |
| | | | | | | |
| | Who received transfer? | | | | | |
| | Who received dansier: | | | | | \$ |
| 3.2. | Address | | | | | |
| | Street | | | | | |
| | City State ZIP Code | | | | | |
| | Relationship to debtor | | | | | |
| | | | | | | |
| art 7 | : Previous Locations | | | | | |
| | vious addresses all previous addresses used by the debtor within 3 | 3 vears be | efore filing this case an | d the dates the address | es were used. | |
| | Does not apply | . , | J | | | |
| | Address | | | Dates o | of occupancy | |
| 4.1. | Street | | | From | | To |
| | City S | State | ZIP Code | | | |
| 4.2. | | | | From | | То |
| | Street | | | | | |
| | City S | State | ZIP Code | | | |

| | Health Care Bankruptcies | | |
|--------------------------|--|---|--|
| Heal | th Care bankruptcies | | |
| Is the | e debtor primarily engaged in offering service | s and facilities for: | |
| | diagnosing or treating injury, deformity, or disc | | |
| — p | providing any surgical, psychiatric, drug treatr | ment, or obstetric care? | |
| | No. Go to Part 9. | | |
| u Y | es. Fill in the information below. | | |
| | Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of |
| | | | patients in debtor's care |
| 1. | Facility name | | |
| | 1 aunity frame | | |
| | Street | Location where patient records are maintained (if different from facility | How are records kept? |
| | | address). If electronic, identify any service provider. | Chook all that apply: |
| | | | Check all that apply: Electronically |
| | City State ZIP Code | | Paper |
| | Facilities are a said address. | Nature of the business amounting including toward consists the | |
| | Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of |
| | | | patients in debtor's care |
| 2. | Facility name | | |
| | | | |
| | Street | Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. | How are records kept? |
| | | - | Check all that apply: |
| | City State ZIP Code | - | ☐ Electronically |
| | | | ☐ Paper |
| t 9: | Personally Identifiable Informati | on | |
| | | | |
| ١ | s the debtor collect and retain personally i | dentinable information of customers? | |
| _ | | | |
| _ | | ted and retained | |
| | es. State the nature of the information collection | cted and retained | |
| | | | |
| | es. State the nature of the information collection Does the debtor have a privacy policy at | | |
| □ N | Ves. State the nature of the information collect Does the debtor have a privacy policy at No Yes in 6 years before filing this case, have any | oout that information? y employees of the debtor been participants in any ERISA, 401(k), 4 | |
| Vithi | Ves. State the nature of the information collect Does the debtor have a privacy policy at Does The Doe | oout that information? y employees of the debtor been participants in any ERISA, 401(k), 4 | |
| Vithipens | Ves. State the nature of the information collect Does the debtor have a privacy policy at Does The Doe | oout that information? y employees of the debtor been participants in any ERISA, 401(k), 40 by the debtor as an employee benefit? | |
| □ N □ Y Withingens | Ves. State the nature of the information collect Does the debtor have a privacy policy at No Yes in 6 years before filing this case, have any sion or profit-sharing plan made available No. Go to Part 10. Ves. Does the debtor serve as plan administration. | oout that information? y employees of the debtor been participants in any ERISA, 401(k), 40 by the debtor as an employee benefit? | |
| Vithipens | Ves. State the nature of the information collect Does the debtor have a privacy policy at Does The Doe | oout that information? y employees of the debtor been participants in any ERISA, 401(k), 40 by the debtor as an employee benefit? | |
| □ N □ Y Withingens | Ves. State the nature of the information collect Does the debtor have a privacy policy at No Yes in 6 years before filing this case, have any sion or profit-sharing plan made available No. Go to Part 10. Ves. Does the debtor serve as plan administration. | oout that information? y employees of the debtor been participants in any ERISA, 401(k), 40 by the debtor as an employee benefit? | 03(b), or other |
| □ N □ Y Withington | Ves. State the nature of the information collect Does the debtor have a privacy policy at No Yes in 6 years before filing this case, have any sion or profit-sharing plan made available No. Go to Part 10. Yes. Does the debtor serve as plan administration of Yes. Fill in below: | oout that information? y employees of the debtor been participants in any ERISA, 401(k), 4 by the debtor as an employee benefit? ator? | 03(b), or other |
| □ N □ Y Withingtons | Ves. State the nature of the information collect Does the debtor have a privacy policy at No Yes in 6 years before filing this case, have any sion or profit-sharing plan made available No. Go to Part 10. Yes. Does the debtor serve as plan administration of the plan Yes. Fill in below: Name of plan | y employees of the debtor been participants in any ERISA, 401(k), 4 by the debtor as an employee benefit? ator? Employer identification in the content of | 03(b), or other |
| Vithipens | Ves. State the nature of the information collect Does the debtor have a privacy policy at No Yes in 6 years before filing this case, have any sion or profit-sharing plan made available No. Go to Part 10. Yes. Does the debtor serve as plan administration of Yes. Fill in below: | y employees of the debtor been participants in any ERISA, 401(k), 4 by the debtor as an employee benefit? ator? Employer identification in the content of | 03(b), or other |

| .1. Nar | nancial institution name and a | ddress | Last 4 digits of account | | | | |
|---------------|--|--------------|---------------------------------|--------------|------------------|--|---|
| 1. Nar | | ddress | | | | | |
| Nar | | | number | Type of a | occount | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| Nar | | | WWW | ☐ Chec | kina | | _ |
| Stre | ame | | XXXX | ☐ Savin | ū | | - \$ |
| | reet | | | ☐ Mone | | | |
| | | | | Broke | - | | |
| City | ty State | ZIP Code | | | · | | |
| , | • | | | _ 00. | | | |
| 2 | | | XXXX- | ☐ Chec | king | | - \$ |
| Nar | ame | | | ☐ Savin | gs | | Ψ |
| Stre | reet | | | ☐ Mone | y market | | |
| _ | | | | ☐ Broke | erage | | |
| City | ty State | ZIP Code | | Other | | | |
| → None | Depository institution name an | d address | Names of anyone with acce | ss to it | Description of | of the contents | Does debt |
| | | | | | | | □ No |
| Nar | ame | | | | | | ☐ Yes |
| Stre | reet | | | | | | - |
| City | ty State | ZIP Code | Address | | | | |
| , | | | | | - | | |
| st any p | nises storage property kept in storage units e debtor does business. | s or warehou | ses within 1 year before filing | this case. D | o not include fa | cilities that are in a par | t of a building in |
| None | е | | | | | | |
| F | Facility name and address | | Names of anyone with acce | ss to it | Description of | the contents | Does debto |
| | | | | | | | ☐ No |
| | ame | | | | | | − □ Yes |
| Nar | | | | | | | |
| | reet | | | | | | _ |

Debtor

Name

| Part 11: Property the Debtor Holds of | or Controls That the Debtor Does No | t Own | |
|---|---|--|---------------------------|
| 21. Property held for another List any property that the debtor holds or contrust. Do not list leased or rented property. | ontrols that another entity owns. Include any | property borrowed from, being stored | for, or held in |
| ☐ None | | | |
| Owner's name and address | Location of the property | Description of the property | Value |
| Name | | | \$ |
| Street | | | |
| | | | |
| City State ZIP Co | ode | | |
| | | | |
| Part 12: Details About Environmenta | al Information | | |
| For the purpose of Part 12, the following defini | tions apply: | | |
| Environmental law means any statute or go regardless of the medium affected (air, land | | n, contamination, or hazardous materi | al, |
| Site means any location, facility, or property formerly owned, operated, or utilized. | y, including disposal sites, that the debtor no | w owns, operates, or utilizes or that th | e debtor |
| Hazardous material means anything that are | n environmental law defines as hazardous or | toxic, or describes as a pollutant, con | taminant, |
| or a similarly harmful substance. | | | |
| Report all notices, releases, and proceeding | gs known, regardless of when they occur | red. | |
| 22. Has the debtor been a party in any judici | al or administrative proceeding under any | y environmental law? Include settlen | nents and orders. |
| ☐ No☐ Yes. Provide details below. | | | |
| Case title | Court or agency name and address | Nature of the case | Status of case |
| | | | Pending |
| Case number | Name | | |
| | | | On appeal |
| | Street | - | On appeal Concluded |
| | Street City State ZIP Code | - - - | |
| | | - | |
| 23. Has any governmental unit otherwise no | City State ZIP Code | able or potentially liable under or in | Concluded |
| environmental law? | City State ZIP Code | able or potentially liable under or in | Concluded |
| environmental law? | City State ZIP Code | able or potentially liable under or in | Concluded |
| environmental law? | City State ZIP Code | able or potentially liable under or in | Concluded |
| environmental law? No Yes. Provide details below. Site name and address | City State ZIP Code | | Concluded violation of an |
| environmental law? No Yes. Provide details below. Site name and address | City State ZIP Code stified the debtor that the debtor may be list Governmental unit name and address | | Concluded violation of an |
| environmental law? No Yes. Provide details below. Site name and address | City State ZIP Code | | Concluded violation of an |

| Site | e name and address | | Governmental unit name and address | Environmental law, if known Date of notice |
|---|---|--------------|--|--|
| Nar | me | | Name | |
| Stre | eet | | Street | |
| City | y State | ZIP Code | City State ZIP Code | |
| 3: | Details About the | Debtor's F | Business or Connections to Any Busi | ness |
| | | | | 11633 |
| | usinesses in which the business for which the d | | | rson in control within 6 years before filing this case. |
| | this information even if al | ready listed | in the Schedules. | |
| None | e | | | |
| Bu | siness name and address | | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | | | | · |
| | | | | EIN: |
| Nar | me | | | Dates business existed |
| Nar | | | | Dates business existed |
| | | | | |
| | eet | ZIP Code | | Dates business existed |
| Stre | eet | ZIP Code | Describe the nature of the business | From To |
| Stre | eet y State | ZIP Code | Describe the nature of the business | From To Employer Identification number Do not include Social Security number or ITIN. |
| Stre | y State | ZIP Code | Describe the nature of the business | From To Employer Identification number Do not include Social Security number or ITIN. EIN: |
| City | y State siness name and address | ZIP Code | Describe the nature of the business | From To Employer Identification number Do not include Social Security number or ITIN. |
| City Bu: | y State siness name and address | ZIP Code | Describe the nature of the business | From To Employer Identification number Do not include Social Security number or ITIN. EIN: |
| City | y State siness name and address me eet | ZIP Code | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed |
| Stree City Bu: Narr Stree City | y State siness name and address me eet | | Describe the nature of the business Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed |
| Stree City Bu: Narr Stree City | y State siness name and address me eet | | | Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From To Employer Identification number |
| Stree | y State siness name and address me eet y State state | | | Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From To Employer Identification number Do not include Social Security number or ITIN. |
| Stree City Nar Stree City | y State siness name and address me eet y State state state me eme | | | Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed Employer Identification number To Employer Identification number Do not include Social Security number or ITIN. |

Debtor

Name

| ooks | , records, and financial stateme | ents | | |
|--------------------|---|-------|-------------------------|--|
| | all accountants and bookkeeper | | ooks and records within | 2 years before filing this case. |
| | None | | | , |
| | Name and address | | | Dates of service |
| | Name and address | | | |
| 6a.1. | | | | From To |
| 1 | Name | | | |
| 3 | Street | | | |
| - | | | | |
| (| City | State | ZIP Code | |
| | | | | |
| | Name and address | | | Dates of service |
| Sa.2. | | | | From To |
| _ | Name | | | |
| Š | Street | | | |
| - | | | | |
| ō | City | State | ZIP Code | _ |
| | | | | |
| | Name and address | | | |
| | | | | Dates of service |
| 26b.1. | | | | Prom To |
| 26b.1. | Name | | | |
| 26b.1. | | | | |
| 26b.1. | Name | | | |
| 26b.1. | Name | State | ZIP Code | |
| 26b.1. | Name Street | State | ZIP Code | |
| | Name Street City Name and address | State | ZIP Code | From To |
| 26b.1. | Name Street City Name and address | State | ZIP Code | From To |
| | Name Street City Name and address | State | ZIP Code | From To |
| | Street City Name and address | State | ZIP Code | From To |
| | Name Street City Name and address Name Street | | | From To |
| | Name Street City Name and address | State | ZIP Code | From To |
| 26b.2. | Name Street City Name and address Name Street | State | ZIP Code | From To |
| 26b.2. 26c. Lis | Name Street City Name and address Name Street City City st all firms or individuals who wer | State | ZIP Code | From To |
| 26b.2. 26c. Lis | Name Street City Name and address Name Street City Street None | State | ZIP Code | From To Dates of service From To cords when this case is filed. |
| 26b.2. 26c. Lis | Name Street City Name and address Name Street City City st all firms or individuals who wer | State | ZIP Code | From To Dates of service From To cords when this case is filed. |
| 26b.2. 26c. Lis | Name Street City Name and address Name Street City St all firms or individuals who wer None Name and address | State | ZIP Code | From To Dates of service From To cords when this case is filed. |
| 26b.2. 26c. Lis | Name Street City Name and address Name Street City St all firms or individuals who wer None Name and address | State | ZIP Code | From To Dates of service From To cords when this case is filed. |
| 26b.2. 26c. Lis | Name Street City Name and address Name Street City St all firms or individuals who wer None Name and address | State | ZIP Code | From To Dates of service From To cords when this case is filed. |
| 26b.2. | Street City Name and address Name Street City St all firms or individuals who wer None Name and address | State | ZIP Code | From To Dates of service From To cords when this case is filed. |

Debtor

Name

| | Name and address | | | If any books of account and records are unavailable, explain why |
|----------------|---|------------------------------------|---------------------------|--|
| | | | | |
| 26c.2. | Name | | | |
| | Street | | | |
| | City | State | ZIP Code | |
| 26d. List | t all financial institutions, creditors | , and other parties, including mer | rcantile and trade agenci | ies, to whom the debtor issued a financial statem |
| | nin 2 years before filing this case. | | | |
| u | None | | | |
| | Name and address | | | |
| 26d.1. | Name | | | |
| | Street | | | |
| | C:h. | Chair | ZIP Code | |
| | City | State | ZIP Code | |
| | Name and address | | | |
| 26d.2. | Name | | | |
| | Street | | | |
| | City | State | ZIP Code | |
| | Oity | State | Zir Code | |
| nvento | | | | |
| Have an | y inventories of the debtor's prop | erty been taken within 2 years be | fore filing this case? | |
| | | ost recent inventories. | | |
| ☐ No | Give the details about the two m | | | |
| ☐ No ☐ Yes. | | a Achina af Aha imuantanu | Data of | The dellar amount and basis (seet market as |
| ☐ No ☐ Yes. | Give the details about the two m | ne taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
| ☐ No ☐ Yes. | | ne taking of the inventory | | The dollar amount and basis (cost, market, or other basis) of each inventory \$ |
| No Yes. | | | inventory | other basis) of each inventory |
| No Yes. Na Na | me of the person who supervised the supervised the supervised the person who | | inventory | other basis) of each inventory |
| No Yes. Na Na | me of the person who supervised the person who me and address of the person who | | inventory | other basis) of each inventory |

| r | Name | | Case nu | | | | |
|----------------------|---|---|--|------------------------------|------------------|---|--|
| | Name of the person who supervise | sed the taking of the inventory | Date of inventor | | ar amount and | | st, market, or |
| | | | inventor | \$ \$ | isis) or each in | iveniory | |
| | Name and address of the person | who has possession of inventory record | ds | Φ | | - | |
| .2. | | | | | | | |
| | Name | | | | | | |
| | Street | | | | | | |
| | City | State | ZIP Code | | | | |
| | | s, managing members, general part the time of the filing of this case. | ners, members in co | ontrol, contro | lling shareho | olders, or | other |
| | Name | Address | 1 | Position and na | ture of any | % o | of interest, if a |
| | | | i | nterest | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| of th | ne debtor, or shareholders in c | nis case, did the debtor have officer control of the debtor who no longer | _ | _ | , general par | tners, me | mbers in co |
| of th | ne debtor, or shareholders in c | | hold these position | s? Position and na | | Period du | ring which |
| of th | ne debtor, or shareholders in c No Yes. Identify below. | control of the debtor who no longer | hold these position | s? | iture of | Period du position o held | iring which or interest was |
| of th | ne debtor, or shareholders in c No Yes. Identify below. | control of the debtor who no longer | hold these position | s? Position and na | iture of | Period du position o held From | iring which or interest was To |
| of th | ne debtor, or shareholders in c No Yes. Identify below. | control of the debtor who no longer | hold these position | s? Position and na | ature of | Period du position o held From | iring which or interest was To |
| of th | ne debtor, or shareholders in c No Yes. Identify below. | control of the debtor who no longer | hold these position | s? Position and na | ature of | Period du position o held From | |
| of th | ne debtor, or shareholders in c No Yes. Identify below. | control of the debtor who no longer | hold these position | s? Position and na | ature of | Period du position o held From From | ring which or interest was To To |
| Payr With | ne debtor, or shareholders in consolers. In consolers, in consolers, in consolers, distributions, or withdrain 1 year before filing this case, cases, loans, credits on loans, stouses, loans, credits on | control of the debtor who no longer | value in any form, incod? Amount of money description and v | Position and na any interest | ature of | Period du position cheld From From From From From | ring which or interest was To To To To To aws, |
| Payr With | ments, distributions, or withdrain 1 year before filing this case, ouses, loans, credits on loans, sto | Address awals credited or given to insiders did the debtor provide an insider with | value in any form, inc | Position and na any interest | other comper | Period du position o held From From From sation, dr | ring which or interest was To To To To To aws, |
| Payr With | ments, distributions, or withdrain 1 year before filing this case, ouses, loans, credits on loans, sto | Address awals credited or given to insiders did the debtor provide an insider with | value in any form, incod? Amount of money description and v | Position and na any interest | other comper | Period du position o held From From From sation, dr | ring which or interest was To To To To To |
| Payr With bonu | ments, distributions, or withdrain 1 year before filing this case, loans, credits on loans, sto No Yes. Identify below. Name Mame No | Address awals credited or given to insiders did the debtor provide an insider with | value in any form, incod? Amount of money description and v | Position and na any interest | other comper | Period du position o held From From From sation, dr | ring which or interest was To To To To aws, |
| Payr With bonu | ments, distributions, or withdrain 1 year before filing this case, wases, loans, credits on loans, sto No Yes. Identify below. Name and address of recipient | Address awals credited or given to insiders did the debtor provide an insider with | value in any form, incod? Amount of money description and v | Position and na any interest | other comper | Period du position o held From From From sation, dr | ring which or interest was To To To To aws, |
| Payr With bonu | ments, distributions, or withdrain 1 year before filing this case, loans, credits on loans, sto No Yes. Identify below. Name Mame No | Address awals credited or given to insiders did the debtor provide an insider with | value in any form, incod? Amount of money description and v | Position and na any interest | other comper | Period du position o held From From From sation, dr | ring which or interest was To To To To aws, |

| | Name | | | | | | |
|----------|---|---|------------------|---------------------------------|-------------------|--------------------|---------|
| | Name | | | | | | |
| | Name and address of recipient | | | | | | |
| | Name and address of recipions | | | | | | |
| | Name | | | | | _ | |
| | Street | | | | | | |
| | Sueet | | | | | _ | |
| | City State | ZIP Code | | | | - | |
| | Relationship to debtor | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| thi | n 6 years before filing this case, has the debtor | been a member of | any consolidate | d group for tax | purposes? | | |
| ٨ | | | | | | | |
| Y | es. Identify below. | | | | | | |
| | Name of the parent corporation | | | Employer Identif corporation | ication number of | of the parent | |
| | | | | ΞΙΝ: | | | |
| | | | | | | | |
| ٨ | es. Identify below. | | | | | | |
| ٨ | | | | | | of the pension fur | nd |
| N Y | es. Identify below. | | | Employer Identif | | | nd |
| N Y | Yes. Identify below. Name of the pension fund | | | | | | nd |
| N Y | Yes. Identify below. Name of the pension fund | Vaking a false staten | | EIN: | | | |
| N Y | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. In imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | ment, concealing | EIN: | aining money or | r property by frau | ud in c |
| N Y | Ves. Identify below. Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. | f Financial Affairs an | ment, concealing | EIN: | aining money or | r property by frau | ud in c |
| N Y | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Thave examined the information in this Statement of declare under penalty of perjury that the foregoing | f Financial Affairs an | ment, concealing | EIN: | aining money or | r property by frau | ud in c |
| N Y | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | f Financial Affairs an | ment, concealing | EIN: | aining money or | r property by frau | ud in c |
| N Y | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Thave examined the information in this Statement of declare under penalty of perjury that the foregoing executed on | f Financial Affairs an is true and correct. | ment, concealing | EIN: | aining money or | r property by frau | ud in c |
| N YY | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. I have examined the information in this Statement of declare under penalty of perjury that the foregoing executed on MM / DD / YYYYY | f Financial Affairs an is true and correct. | ment, concealing | property, or obta | aining money or | r property by frau | d in c |
| N Y 1144 | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Thave examined the information in this Statement of declare under penalty of perjury that the foregoing executed on | f Financial Affairs an is true and correct. | ment, concealing | property, or obta | aining money or | r property by frau | d in c |
| N Y 1144 | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. I have examined the information in this Statement of declare under penalty of perjury that the foregoing executed on MM / DD / YYYYY | f Financial Affairs an is true and correct. | ment, concealing | property, or obta | aining money or | r property by frau | d in c |
| N Y 1144 | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Thave examined the information in this Statement of declare under penalty of perjury that the foregoing executed on | f Financial Affairs an is true and correct. | ment, concealing | property, or obta | aining money or | r property by frau | d in c |
| N Y 1144 | Name of the pension fund Signature and Declaration WARNING Bankruptcy fraud is a serious crime. It is imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Thave examined the information in this Statement of declare under penalty of perjury that the foregoing executed on | f Financial Affairs an is true and correct. | ment, concealing | property, or obta | aining money or | r property by frau | ıd in c |

| | UNITED STATES BANKR EASTERN DISTRICT OF | | |
|----|--|---|--|
| In | re | Case Number: | |
| | | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR | |
| | Debtor(s) | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I ce that compensation paid to me within one year before the filing of th services rendered or to be rendered on behalf of the debtor(s) in c as follow: | e petition in bankruptcy, or agreed to be paid to me, for | |

For legal services, I have agreed to accept

| 2. | The source of the | compensation | paid to me was: |
|----|-------------------|--------------|-----------------|

- □ Debtor □ Other (specify)
- 3. The source of compensation to be paid to me is:
 - □ Debtor □ Other (specify)
- 1. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 - ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in contested bankruptcy matters;
 - e. [Other provisions as needed]

not mandated by Local Rule 2017-1 of the Eastern District of California.

| | CERT | IFICATION | | |
|---|------|-------------------------------|------------------|-------------------|
| I certify that the foregoing is representation of the debtor(s) | | | t or arrangement | for payment to me |
| I certify that the foregoing is representation of the debtor(s) | | | t or arrangement | for payment to me |
| I certify that the foregoing is representation of the debtor(s) | | t of any agreemen ceeding. | t or arrangement | |

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services, insofar as these services are

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA

| In re | | | | Bankruptcy Case No. (If known): |
|-------------|--|---|----------------------------|---|
| | | | Debtor(s). | |
| | The following | ng additional information is req | uired when filing this fo | rm in an adversary proceeding. |
| | | | | Adversary Proceeding No. (If known): |
| | | | Plaintiff(s), | |
| V. | | | | |
| | | | Defendant(s). | |
| | STATEMENT R | EGARDING OWNE | RSHIP OF COR | RPORATE DEBTOR/PARTY |
| | - | [Insert na | ame of corporate debtor/pa | arty] |
| Check | one: DEBTOR | □ PLAINTIFF | □ DEFENDANT | OTHER (specify): |
| a corpor | ate ownership statement co ion as directed. | ntaining the information describe | ed in Rule 7007.1. Check | 007(a)(1) requires corporate debtors to file with the petition one of the statements set forth below and provide an |
| □ 1. | | oorations directly or in debtor's/party's equity | • | or more of any class of the above- |
| | Name: | | | <u> </u> |
| | Address: | | | |
| | Name: Address: | | | |
| | Name: | | | |
| | Address: | | | |
| | Name: Address: | | | |
| | (For additional names | , attach an addendum to t | his form.) | |
| □ 2. | | ies that directly or ind debtor's/party's equity | - | or more of any class of the above- |
| I decla | are under penalty of p | perjury that the foregoing | g is true and correc | t. |
| Dated: | : | | | |
| | | | Signature | e of Authorized Individual for Corporate Debtor/Party |
| | | | Printed N | Name of Authorized Individual for Corporate Debtor/Party |
| EDC 3-5 | 00 (New 12/2012) | | Title | of Authorized Individual for Corporate Debtor/Party |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA

| In re Debtor(s). |))))) | Case No. | | | | | | |
|--|---|--|--|--|--|--|--|--|
| <u>VER</u> | IFICATION OF | MASTER ADDRESS LIST | | | | | | |
| I (we) declare under penal case is a true, correct, and com | | at the Master Address List submitted for filing in this | | | | | | |
| I (we) acknowledge that the accuracy and completeness of the Master Address List is the shared responsibility of the debtor(s) and the debtor's(s') attorney or bankruptcy petition preparer, any. | | | | | | | | |
| ` , | nd statements r | will rely on the Master Address List for all mailings equired by the Bankruptcy Code and the Federal for mailing purposes. | | | | | | |
| DATED: | | Debtor's Signature | | | | | | |
| DATED. | | Debiol 3 dignature | | | | | | |
| DATED: | | Joint Debtor's (if any) Signature | | | | | | |
| Submit this form and your Master | r Address List to | o one of the following addresses: | | | | | | |
| Sacramento Division 501 I Street, Suite 3-200 Sacramento, CA 95814 | Modesto Division Mailing Address: 501 I Street, Suite 3- Sacramento, CA 958 Physical Address: | , | | | | | | |
| | 1200 I Street, Suite 4 Modesto, CA 95354 | 4 | | | | | | |

if

EDC 2-100 (Rev. 7/15/14)